



**APPLICATION FOR HARDSHIP ASSISTANCE**  
NORTH DAKOTA DEPARTMENT OF VETERAN'S AFFAIRS  
SFN 54410 (3-2007)

Application Date

County

**ASSISTANCE NEEDED**

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**APPLICANT INFORMATION**

Name			
Address			Resident of North Dakota
City	State	Zip Code	How long have you been a North Dakota resident?
Telephone Number			Have you previously applied?
Social Security Number			When did you apply?
Date of Birth			What Program(s)

**VETERAN INFORMATION**

Date Enlisted	Place Enlisted		
Date Discharged	Place Discharged	Type of Discharge	

**DEPENDENT INFORMATION**

Marital Status		
Name of Spouse	Date of Birth	Social Security Number
<b>Name of Dependent Children</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
Child Support		

**INCOME INFORMATION**

Present Employer			Position Held
Name of Supervisor			How Long at This Position?
Address			Salary/Month
City	State	Zip Code	Telephone Number

**SPOUSE INFORMATION**

Present Employer			Position Held
Name of Supervisor			How Long at This Position?
Address			Salary/Month
City	State	Zip Code	Telephone Number

**OTHER INCOME**

Benefit	Veteran	Spouse	Total	Benefit	Veteran	Spouse	Total
VA S/C Compensation				Workers Compensation			
VANSC Pension				Unemployment Comp.			
VA Education				Retirement			
Social Security				Pension			
SSI				Public Assistance (food stamps, TANF)			
Other (rental, alimony, etc.)				Other (rental, alimony, etc.)			

**ACCOUNTS**

Type of Account (checking, savings, burial CD's, etc.)	Name of Institution	Account Number	Balance

**MEDICAL LIABILITIES**

	Name	Monthly Payment	Balance
Hospital Insurance			
Prescriptions			
Monthly Medical bills being paid on			
Total Monthly Medical Expenses Being Paid			
Monthly Income			
Less Medical			
Add/Less Child Support			
Net Income			

**APPLICANT ACKNOWLEDGMENT**

I hereby certify that all the answers herein made are true and that I have not withheld any information regarding income or other resources. I do further certify that I have no means of support beyond those stated herein. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT OF MATERIAL FACT MADE BY ME IN THIS APPLICATION IS PUNISHABLE UNDER THE LAWS OF THE STATE OF NORTH DAKOTA. I further understand the stipulations of the Hardship Assistance Program and that this is a program that is subject to monies available from the earnings of the Veterans Post War Trust Fund and may be terminated at any time.

I hereby authorize the United States Veterans Administration, Job Service of North Dakota, North Dakota State Tax Department, North Dakota Workforce Safety and Insurance, financial institutions and any other credit sources to disclose to the county veteran service officer assisting in the preparing of this application and the North Dakota Department of Veterans Affairs any information contained in their files and records concerning myself upon request.

Applicant Signature	Date
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**SERVICE OFFICERS USE ONLY**

Do you feel this request is a hardship need?
Have you personally counseled the applicant as to the stipulations of the program?
CVSO Recommendation

Explanation
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I hereby attest that the information contained in this application is true and correct to the best of my knowledge.

CVSO Signature	Date
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## Hardship Assistance Program

Required documentation to be obtained by CVSO and submitted with completed application.

### DOCUMENTATION CHECKLIST

**Income** - Will be determined based on most recent 12 month period.

Cash Asset Verification Form

AND

Copy of the two most recent payroll checks or stubs or copy of payroll statement

AND/OR

Copy of award letters, i.e. VA Benefits, Social Security

AND

Copy of front page of applicant's 1040 tax form or statement on application initialed by the applicant stating that he/she did not file taxes

OR

A signed release from applicant authorizing commissioner to obtain such information from the North Dakota Tax Department

### Residency

Copy of ND Drivers License or ID Card showing address or CVSO verification as stated on application

AND

Copy of monthly expense bill or bank statement 1 year or older verifying address, i.e. utility bill, phone bill or cable bill

### Veteran Status

Copy of DD214

OR

Copy of military orders showing active duty requirements have been met

### Unmarried Widow

Copy of marriage certificate

AND

Copy of death certificate

AND

Copy of Veteran's military discharge

### Spouse

Copy of marriage certificate

AND

Copy of Veteran's military discharge

I have obtained and reviewed the required documentation as listed above.

CVSO Signature	Date
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